

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-675)

Serial No.
U9/937 483

FILING DATE

APPLICANT(S)

CLAIMS

AS FILED	AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		*	*	*
	IND.	DEP.	IND.	DEP.			
1		I			51		I
2			I		52		
3		I			53		
4			I		54		
5		I			55		
6		I			56		
7		I			57		
8		I			58		
9		I			59		
10		I			60		
11		I			61		
12		I			62		
13		I			63		
14		I			64		
15		I			65		
16		I			66		
17		I			67		
18		I			68		
19		I			69		
20		I			70		
21		I			71		
22		I			72		
23		I			73		
24		I			74		
25		I			75		
26		I			76		
27		I			77		
28		I			78		
29		I			79		
30		I			80		
31		I			81		
32		I			82		
33		I			83		
34		I			84		
35		I			85		
36		I			86		
37		I			87		
38		I			88		
39		I			89		
40		I			90		
41		I			91		
42		I			92		
43		I			93		
44		I			94		
45		I			95		
46		I			96		
47		I			97		
48		I			98		
49		I			99		
50		I			100		
TOTAL IND.					TOTAL IND.		
TOTAL DEP.					TOTAL DEP.		
TOTAL CLAIMS					TOTAL CLAIMS		

* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS